Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Victoria Expanded Care Home LLC	**CHAPTER 100.1**
Address: 94-1381 Hiaai Place, Waipahu, Hawaii 96797	**Inspection Date: May 1, 2020 Annual**

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS:** Resident #1- Medication update order dated 3/16/20 states "Cabergoline 0.5mg x 1 tab PO Q Weekly" Medication not listed on Medication Administration Record (MAR) or in medication bin.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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☒	§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. **FINDINGS:** Resident #1-Order for "Dulcolax(Bisacodyl) 10mg suppository x 1 suppository PR Q 2 days- Hold for loose stools" is not signed off with initials. Check marks, a "0" or an "s" above the check mark, are on MAR and not an acceptable way to sign off a medication. Legend present, but not used.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	11-100.1-88 Case management qualifications and services. (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS:** Resident #1-Admission Assessment dated 3/11/20 states "Full Code". Case Management Care Plan states "DNR, CMO-POLST 6/22/17" and "Self-preserving". A POLST was found dated 3/5/20 stating "Full Code, Full Treatment". MD also states non-self-preserving. Care Management needs to update and correct Care Plan.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____